	3/17/06	Paper No.: _
DATE		•
TO SPE OF	: ART UNIT 3634	
SUBJECT	: Request for Certificate of Correcti	ion for Appl. No.:
Please respo	and to this request for a cert	ificate of correction within 7 days.
the IFW app	w the requested changes/co lication image. No new mat he claims be changed.	orrections as shown in the COCIN document(s) in the should be introduced, nor should the scope o
Please compusing docum	plete the response (see belonent code COCX.	ow) and forward the completed response to scan
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Thank You	For Your Assistance	
The reques	t for issuing the above-ide	entified correction(s) is hereby:
	on the appropriate box.	
Note your decision	Approved	All changes apply.
Note your decision		
×	Approved in Part	Specify below which changes do not apply.
×	Approved in Part Denied	Specify below which changes do not apply. State the reasons for denial below.
) 	Denied	State the reasons for denial below.
) 	••	State the reasons for denial below.
) 	Denied	State the reasons for denial below.
) 	Denied	

PTOL-306 (REV. 7/03)

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